

September 5, 2017

Dear Parents,

Attached to this letter is a questionnaire. I realize that it is long and you may have filled it out in the past, but it provides a great deal of information to me that I find helpful while working with your young adult. I would appreciate it if you could return it to school by Monday September 11, 2017.

Please feel free to include additional information that you may feel is necessary for me to know that is not included in the questionnaire. I appreciate your time and cooperation.

Sincerely,

Kyrstyn A. Karle-Sloan

## PARENT/GUARDIAN QUESTIONNAIRE

Person Completing Questionnaire: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

1. Who resides at home with you son/daughter? Please provide siblings' ages.

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\_\_\_\_\_  
\_\_\_\_\_

2. Are there any family pets? Please state kind and names.

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\_\_\_\_\_  
\_\_\_\_\_

3. What are the names of close relatives/friends that play a significant role in your son/daughter's life.

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\_\_\_\_\_  
\_\_\_\_\_

4. What are your son/daughter's favorite toys or games?

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\_\_\_\_\_  
\_\_\_\_\_

5. What are your son/daughter's favorite books, records/tapes, etc.

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6. What are your son/daughter's favorite TV shows and videos?

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7. What are your son/daughter's favorite foods/snacks?

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8. What kind of foods does your son/daughter dislike?

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9. What leisure activity does your son/daughter enjoy doing?

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10. What leisure activities do your son/daughter dislike doing?

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11. Does your son/daughter have toileting needs?

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Referenced from Falvey, 1986

12. How do you discipline your son/daughter?

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13. What types of responsibilities does your son/daughter perform at home?

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14. What types of responsibilities would you like your son/daughter to be able to perform at home?

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15. How does your son/daughter communicate his wants and needs?

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16. How does your son/daughter feed him/herself?

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17. Are there any other meal time skills that you would like him/her to learn?

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Referenced from Falvey, 1986

18. What dressing skills does your son/daughter perform?

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19. What dressing skills would you like him/her to learn?

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20. In terms of personal hygiene, what are the skills your son/daughter has now?

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21. In terms of personal hygiene, what skills would you like your son/daughter to learn?

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22. How does your son/daughter get along with other family members?

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23. What skills would enable your son/daughter to better participate in family activities?

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Referenced from Falvey, 1986

24. What places do you think your son/daughter might go when he/she is older?

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25. In the future, where do you see your son/daughter living?

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26. What type of work do you think your son/daughter might do when he or she is older?

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27. What activities does your son/daughter now enjoy that might lead to vocational preparation?

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28. What skills and/or activities not already mentioned would you like your son/daughter to learn so that you don't always have to do them for him/her?

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29. In your opinion. What are your son/daughter's educational needs?

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Referenced from Falvey, 1986

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent Name and Date

## HEALTH QUESTIONNAIRE

### *Section 1: Medication*

1) Does your student take medication at home?  Yes  No

2) In order to keep me as informed as possible I would appreciate it if you would write down the medication that your student currently takes, what the medication is for, and the times he/she takes it. (This is an optional question).

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3) Will your student be taking prescribed medication during the school day?  
 Yes  No

If yes, has the medication been brought to the school office and checked in with the secretary?  
 Yes  No

Please indicate what medication is to be dispensed during the day and the time that it is administered.

Please remember that medication forms must be filled out by your child's doctor prior to administration of medication.

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4) ***Please remember that medication must be brought to school by the parent and not sent to school with the student. Medication must be picked up from the office at the end of the school year or it will be disposed of. Medications cannot be sent transported by your student on the bus.***

**Section 2: Food Allergies**

5) Does your student have **FOOD ALLERGIES**?  Yes (see question 6)  No

6) What food(s) is your student allergic to? What is reaction to the food? (hives, rash, itchy throat, coughing, anaphylaxis).

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Do you have a signed emergency action plan from your allergist?  Yes  No

8) Does your student have **Benadryl** at school as part of the emergency response plan?  
 Yes  No

9) Does your student have an **EPI-PEN/Generic EPI-PEN** at school as part of the emergency response plan?  Yes  No

***Please submit the signed copy of the action plan for my emergency notebook to ensure that we follow the doctor prescribed emergency protocol.***

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**Section 3: Seizures**

10) Does your student have **SEIZURES**?  Yes (see question 11)  No

11) How frequently does your student have **SEIZURES**? Are there specific triggers that bring on a seizure (stress, higher frequency during menstrual cycle, strobe lights/flashing lights, etc). What type of seizure does your student have? (Grand Mal Seizures; Simple Partial; Complex Partial etc.)

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***Section 5: Allergies (including seasonal, animal)/Asthma***

19) Does your student have **ALLERGIES** (seasonal, animal)?

\_\_\_\_\_Yes (see question 20)      \_\_\_\_\_No

20) What **ALLERGIES** does your student suffer from (seasonal, animal)?

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21) Does your student take allergy medication?      \_\_\_\_\_Yes (see question 22)      \_\_\_\_\_No

22) What allergy medication does your student take? How frequently?

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23) Does your student have **ASTHMA**?      \_\_\_\_\_Yes (see question 24)      \_\_\_\_\_No

24) Does your student use an **INHALER**?      \_\_\_\_\_Yes (see question 25)      \_\_\_\_\_No

25) How often does your student need to use his/her **INHALER**?

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26) Does your student have an **INHALER** at school as part of his/her emergency response plan to an **ASTHMA** flair up?

\_\_\_\_\_Yes (see question 25)      \_\_\_\_\_No

27) What would you like us to know about your student's **ALLERGIES and ASTHMA**?

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***Please submit the signed copy ASTHMA action plan for my emergency notebook to ensure that we follow the doctor prescribed emergency protocol.***

***Section 6: Other Health Information/Concerns***

28) Please feel free to write down any other **HEALTH INFORMATION** that is necessary for me to know while working with your student on the lines below.

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Thank you for taking the time to fill in this questionnaire. I have the best interest of your student in mind and greatly appreciate all of the information that you are providing.

If you have questions or concerns regarding this questionnaire, please feel free to contact me on the telephone (586-285-8858) or write me a note.

Kyrstyn A. Karle-Sloan

PERMISSION TO PHOTOGRAPH

STUDENT'S NAME \_\_\_\_\_

AGREEMENT DATE: FROM: 9.17 TO: 6.15.18

I hereby give my permission for the student named above to be photographed/video taped for the purposes of showing school activities for only those activities I have checked below:

\_\_\_\_\_ MEDIA (Newspapers, TV, Magazines, etc.)

\_\_\_\_\_ IN SCHOOL USE (Instructional cues, Yearbook, Scrapbooks, Bulletin Boards, Classroom Displays, etc.)

\_\_\_\_\_ CHARITABLE ORGANIZATIONS (To show memberships how donations were used)

\_\_\_\_\_ SPECIAL OLYMPICS (Macomb County & State Games)

\_\_\_\_\_ I DO NOT WANT MY CHILD PHOTOGRAPHED FOR ANY OF THE ACTIVITIES LISTED ABOVE.

I understand that I will be given advance notice of intent to photograph or video tape my child for media and charitable organizations. I also understand that I will have the option to review and rescind this agreement either twice annually or at my request in writing at any time.

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_

September 5, 2017

Dear Parents,

We will be walking around the community located around Kennedy Middle School. These are trips which provide me and the adaptive physical education teacher with opportunities to teach the students community signs including traffic lights, crossing signs, and road signs and to develop listening skills and sound identification. It also provides your student with the opportunity to practice accessing the community businesses and practice money handling skills and decision-making skills.

The walks will go around the block that Kennedy is on as well as include crossing the street at the corner and crosswalks. Trips to the Mini-Mart on Jefferson and Evergreen (One block south of Masonic) as well as walking trips to Walgreen's and the 7-11 located at Harper and Masonic will take place during good weather. Generally, you will be notified ahead of time of trips that involve us walking to the store for a purchase, but you may not receive notice ahead of time regarding walks around the block.

This permission slip allows me to take your young adult out of the building on walking community based instructional trips for the 2017 - 2016 school year. If you have any questions or concerns regarding these walking trips, please feel free to call me at 586-285-8858, email me at [kkarle-sloan@lsps.org](mailto:kkarle-sloan@lsps.org), or write me a note and send it in with your young adult.

I suggest that your young adult always carry \$3.00 in his/her wallet in order to make a purchase from one of these stores. I am willing to hold on to \$3.00 in a marked envelope with your student's name on it if you prefer to not have your student carrying money. If we go to the store and your young adult does not have money then he/she will not be able to make a purchase. Be aware that there may be times that we go to the store without notice which is why this year-long permission slip is needed.

*Please return the permission slip no later than Monday September 11, 2017.*

Sincerely,

Kyrstyn A. Karle-Sloan

\_\_\_\_\_ I understand that my student will be walking throughout the community surrounding Kennedy Middle School throughout the 2016 – 2017 school year.

I understand that the walks may range from around the block to the mini mart located one block south of Masonic and Jefferson as well as to Walgreen's or 7-11 located at Harper and Masonic.

I give my permission to go on the community walks at the discretion of the teacher.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature